

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

Brooker
10/649636

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
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11	1		1			
12	1		1			
13						
14						
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16					1	
17						1
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50						
TOTAL IND.	2	↓	6	↓	3	↓
TOTAL DEP.	11	↓	10	↓	9	↓
TOTAL CLAIMS	13		16		12	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY